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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED JAN 8 1949

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 40355  
5175  
Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County JACKSON  
(b) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
GENERAL HOSPITAL # 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 das, 7 hrs, 55 mins  
(Specify whether  
In this community 48 years  
years, months or days)

3: (a) PRINT FULL NAME RICHARD SCOTT  
3: (b) If veteran name war. None  
3: (c) Social Security No. None  
4. Sex MALE Color or race NEGRO  
5. Color or race NEGRO  
6: (a) Single, widowed, married, divorced WIDOWER  
6: (b) Name of husband or wife unknown  
6: (c) Age of husband or wife if alive years  
7. Birth date of deceased AUGUST 16th 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 3 18 hr. min.

9. Birthplace VENITA, OKLAHOMA  
(City, town, or county) (State or foreign country)  
COOK

10. Usual occupation

11. Industry or business

12. Name PETER SCOTT  
13. Birthplace FORT SMITH, ARKANSAS  
(City, town, or county) (State or foreign country)  
(MINA WARD)  
14. Maiden name  
15. Birthplace VENITA, OKLAHOMA  
(City, town, or county) (State or foreign country)

16: (a) Informant Friend: GEORGE TAYLOR  
(b) Address 810 1/2 E. CHARLOTTE Street

17: (a) Burial (b) Date thereof 12-31-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Leeds

18: (a) Signature of funeral director Wm. A. Lohmeyer  
(b) Address 12 City Mortician

19: (a) 12-20-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County JACKSON 48  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1013 CHARLOTTE  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 4th  
year 1948 hour 7:05 P.M. minute M.  
21. I hereby certify that I attended the deceased from DECEMBER  
1st 1948 to DECEMBER 4th 1948  
that I last saw him alive on DECEMBER 4th 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA  
Duration

Due to HYDRONEPHROSIS

Due to URETHRAL STRICTURE (ETIOLOGY UNDETERMINED)

Other conditions CHRONIC LEG ULCERS  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 1560  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury E. Frank Ellis  
23. Signature [Signature] (M. D. or other)  
Address 600 East 22nd St. Date signed 12/6/48

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St, Kansas City

**Note! The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**